



U.S. Department of Veterans Affairs

Returning from the War Zone

A Guide for Military Personnel



September 2008

Welcome home! Thank you for your service to our country. You and your loved ones can now breathe a big sigh of relief as you return home from this deployment.

You have served your country well, and have helped others gain the same rights and privileges that we take for granted here in the U.S. Your experiences in the military and during deployment have helped make you more responsible, a better leader, and team player. They will stay with you for the remainder of your life. You have grown but you have also faced many challenges. You may have received incoming fire or witnessed the death or injury of friends or other military personnel, civilians, or enemy combatants. You may have survived an attack with very serious injuries as a result of a bombing, mine blast, IED, or accident. Being in an unfamiliar setting and an unfamiliar culture may have complicated these experiences even further. All the while, you were in full military mindset.

Adjusting to Life at Home

It can be difficult to change to a “civilian” mindset once you are back at home with family, friends, co-workers, and U.S. civilians. However, many people have successfully made this transition—and you can, too. The purpose of this guide is to help you shift gears and begin your next phase of life at home with your family.


For those of you who have deployed more than once, you might expect that with each deployment, the emotional cycle will become easier. But things may actually become more difficult. This is especially the case if you have unresolved problems from previous separations and reunions. Each deployment is also different from the last.

Reunion can also be a time of considerable stress for both you and your family. You may find that coming home is, in fact, harder than going to war. In order to get through homecoming as smoothly as possible, you need to know what kinds of issues you might face and make sure you have realistic expectations.

This Guide Discusses:

- What *common* reactions should you expect following the trauma of war? [page 2](#)
- What experiences are you likely to encounter on the home front? [page 4](#)
- How can you positively cope with the transition? [page 7](#)
- What are signs that you or your war buddies might need some outside assistance? [page 9](#)
- Where can you go for assistance? [page 14](#)

By drawing your attention to potential challenges, we hope to help you and your family experience the smoothest possible readjustment. You are not alone. Many troops wrestle with reintegration issues. Time spent in a war zone changes people. It also changes those back home who welcome them back into family life.



NOTE:
Throughout the Guide, you will find **live underlined links** to more information on our Web site: www.ncptsd.va.gov

Common Reactions to Trauma

Almost all service members will have reactions after returning from a war zone. These behaviors are *normal*, especially during the first weeks at home. **Most service members will successfully readjust** with few major problems. It may take a few months, but you will feel better again.

You, your family, and friends need to be prepared for some common stress reactions. Such predictable reactions do not, by themselves, mean that you have a problem, such as posttraumatic stress disorder (PTSD), which requires professional help. Below are lists of common physical, mental/emotional, and behavioral reactions that you should expect.

Common Physical Reactions

- Trouble sleeping, overly tired
- Stomach upset, trouble eating
- Headaches and sweating when thinking of the war
- Rapid heartbeat or breathing
- Existing health problems become worse
- Experiencing shock, being numb, unable to feel happy

Most service members who experience war zone stress reactions will recover. Sometimes it may take as long as a year to feel you are living a new-normal life again. We recommend that you seek outside assistance if you continue to experience reactions more often than not for longer than six to eight weeks after you return home. You should also seek help if they begin to interfere with your family, work, or social life to the extent that you can't function effectively. You are not alone. Seeking help is a sign of strength.

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Common Mental and Emotional Reactions

- Bad dreams, nightmares
- Flashbacks or frequent unwanted memories
- Anger
- Feeling nervous, helpless, or fearful
- Feeling guilty, self-blame, shame
- Feeling sad, rejected, or abandoned
- Agitated, easily upset, irritated, or annoyed
- Feeling hopeless about the future

Insomnia can occur, and when you do sleep, you may have nightmares. Or you may have no trouble sleeping, but wake up feeling overly tired.

If any of your comrades died during the war, you may be thinking a lot about them. You may feel anger, resentment, or even guilt related to their deaths. Or, you might be in a state of shock, feeling emotionally numb or dazed.

During this time, you may find common family issues more irritating. You may feel anxious or “keyed up.” Anger and aggression are common war zone stress reactions, but they may scare your partner, children, and you as well. Minor incidents can lead to severe over-reactions, such as yelling at your partner, kids, or others.

Common Behavioral Reactions

- Trouble concentrating
- Edgy, jumpy and easily startled
- Being on guard, always alert, concerned too much about safety and security
- Avoiding people or places related to the trauma
- Too much drinking, smoking, or drug use
- Lack of exercise, poor diet, or health care
- Problems doing regular tasks at work or school
- Aggressive driving habits

Some avoidance is normal. But if you are constantly avoiding everything that reminds you of your war zone experiences, this can create major difficulties at home. For instance, you may avoid seeing other people for fear that they might ask you about the war. If you are doing this, you can become isolated and withdrawn. Your family and friends will not be able to provide the social support you need, even if you don't know it.

Aggressive driving is also extremely common among service members returning from conflicts in the Middle East. Although you want to drive when you get back, you need to use extra caution. This is particularly true if you're feeling edgy or upset.



LUKE has returned from his deployment to Iraq. From the briefings about what to expect, he knows that, during the first couple of months, he may still be a little “wired.”

But he now realizes that something might be going on. Just yesterday he was in a long line in the bank and started feeling overwhelmed with anger when he heard two women talking about Britney Spears and her emotional problems. He couldn't believe that this was the biggest problem that these women could care about. He started feeling like he was going to scream.

He got out of the line and went outside to his car and sat for awhile trying to control his breathing. He began driving home, only to realize that he was driving over the center line as he had been taught downrange, to avoid bombs on the side of the road. He thinks that he needs to talk to someone about these incidents to see if they should still be happening. ■

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Back Home With Family

Common Experiences and Expectations You May Face

There is usually a “honeymoon” phase shortly after demobilization, but honeymoons come to an end. You and members of your family have had unique experiences and have changed. You’ll need to get to know each other again and appreciate what each other went through. Very likely, you’ll need to renegotiate some of your roles. You will need time to rebuild intimacy and learn how to rely on one another again for support.

In addition, your interests may have changed. You may need to re-examine future plans, dreams, and expectations. You and your family will also need to re-examine common goals.

When you return to life at home, you may:

- Feel pressured by requests for time and attention from family, friends, and others
- Be expected to perform home, work, and school responsibilities, or care for children before you are ready
- Find that your parents are trying to be too involved or treat you like a child again
- Face different relationships with children who now have new needs and behaviors
- Be confronted by the needs of partners who have had their own problems

Financial Concerns

You may have financial issues to handle when you return home.

- Be careful not to spend impulsively.
- Seek assistance if making ends meet is hard due to changes in income.

Work Challenges

Readjusting to work can take time.

- You may feel bored, or that you find no meaning in your former work.
- You may have trouble finding a job.

If You Have Children

Children react differently to deployment depending on their age. They can cry, act out, be clingy, withdraw or rebel. To help you can:

- Provide extra attention, care and physical closeness.
- Understand that they may be angry and perhaps rightly so.
- Discuss things. Let kids know they can talk about how they feel. Accept how they feel and don’t tell them they should not feel that way.
- Tell kids their feelings are normal. Be prepared to tell them many times.
- Maintain routines and plan for upcoming events.

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Common Reactions You May Have That Will Affect Family-and-Friend Relationships

At first, many service members feel disconnected or detached from their partner and/or family. You may be unable to tell your family about what happened. You may not want to scare them by speaking about the war. Or maybe you think that no one will understand. You also may find it's hard to express positive feelings. This can make loved ones feel like they did something wrong or are not wanted anymore. Sexual closeness may also be awkward for a while. Remember, it takes time to feel close again.

When reunited with family, you may also feel:

- **Mistrusting:** During your deployment you trusted only those closest to you, in your unit. It can be difficult to begin to confide in your family and friends again.
- **Over-controlling or overprotective:** You might find that you're constantly telling the kids "Don't do that!" or "Be careful, it's not safe!" Rigid discipline may be necessary during wartime, but families need to discuss rules and share in decisions.
- **Short tempered:** More conflicts with others may be due to poor communication and/or unreasonable expectations.

BATTLEMIND

In the past few years, the military has made a greater effort to prepare troops for re-entry to civilian life. The Army has designed a post-deployment training experience called "BATTLEMIND." The program helps service members understand how a wartime mindset is useful at war but not at home.

Each letter in BATTLEMIND stands for a mindset. For example:

- The "B" stands for Buddies versus withdrawal. When deployed, buddies are the only ones you talk with, but at home this can lead you to withdraw from family and friends. Take time to reconnect.
- The final "D" stands for Discipline, which is essential in the military but problematic if applied too strictly with family. Your 13-year-old daughter might not obey orders in the same way you are used to!

Each branch of the military has their own version of the "BATTLEMIND" approach. For more information, visit www.battlemind.org.



MEG came from a long line of people who served in the military. She loved her life in the Army and was proud of her work. Because she was divorced, Meg's parents helped care for her little ones while she was deployed and things worked out pretty well. However, while she was deployed, her ex-husband stopped paying child support. Since her return home, she was having trouble with her 6-year-old daughter who

was acting out in school. And now there never seemed to be enough money to go around for rent, food, clothing, and child care.

While she was in Afghanistan, Meg was able to put her extra pay into a savings account. She had wanted to take a trip with the kids when she got back, but instead she was able to pay off her credit cards. She closed them all except one and vowed to never let them build up again. With the help of a financial counselor she was able to find some financial relief. She made a new budget and even came up with a plan to make a deposit for a small condo near her parents. ACS (Army Community Service) and the social workers at the VA helped her find some counseling for her daughter as well as legal assistance. Instead of a big trip, the family plans to take a small home vacation to celebrate the new house once they are in. ■

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What Do Families Experience During Deployment?



STEVE returned home in May after serving in Iraq for a 15-month tour. He and Stacy had married when they were both 21 and had never been out of their home state of Louisiana prior to his military service. Stacy moved with Steve and their daughter to Germany before he was deployed. Steve had handled all of their finances prior to his deployment.

After he left their home in Germany, Stacy began paying all of the bills, and handling all of the house responsibilities. Soon, she realized that she was quite good at this. She was more cautious than Steve about watching expenditures and saving money.

When Steve returned home, he immediately wanted to take back his old responsibilities, and Stacy balked. She thought that she was doing a better job than he had done and she enjoyed the sense of independence that being responsible for finances had given her. Steve felt he was no longer needed around the house and that his family had managed just fine without him. But he couldn't say that to Stacy. The tension between them seemed to grow daily. ■

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It's important to remember that those who were at home while you were away faced their own challenges and opportunities. While you were deployed, your family members probably:

- Experienced loneliness, concern, and worry
- Learned new skills
- Took on new responsibilities
- Had to deal with problems without your help
- Created new support systems and friendships

Family Concerns

The separation that occurs while you're deployed to a war zone will affect your family. Most family members are relieved that you've returned home safely, but you all are a little afraid about what to expect. When you're apart, it is harder to share common experiences. You miss one another. Your absence could have created insecurity, misunderstanding, and distance within your family. You may be concerned about:

- How much each of you has changed
- Whether you are still needed or loved
- Whether your loved ones understand what you've been through

Your loved ones may think you'll never understand how hard it was to manage things at home without you. Now, they may be having a hard time adjusting back to a two-adult household. For example, they may not want you to take on responsibilities that you had before deployment. They may also be afraid of your reaction to how the family has changed during your absence.

These concerns can be resolved once you return home. If you and family members talk about them, you will all gain an appreciation for what everyone has been through. This deeper understanding can bring you closer as a family.

Healthy Coping for Common Reactions to Trauma

With homecoming, you may need to re-learn how to feel safe, comfortable, and trusting with your family. You must get to know one another again. Good communication with your partner, children, parents, siblings, friends, coworkers, and others is the key. Give each other the chance to understand what you have been through. When talking as a family, be careful to listen to one another. Families work best when there is respect for one another, and a willingness to be open and consider alternatives.

Tips for Feeling Better

It's fine for you to spend some time alone. But, if you spend too much time alone or avoid social gatherings, you will be isolated from family and friends. You need the support of these people for a healthy adjustment. You can help yourself to feel better by:

- Getting back to regular patterns of sleep and exercise
- Pursuing hobbies and creative activities
- Planning sufficient R&R and intimate time
- Trying relaxation techniques (meditation, breathing exercises) to reduce stress
- Learning problems to watch out for and how to cope with them
- Striking a balance between staying connected with former war buddies and spending *individual* time with your partner, kids, other family members, and friends
- Communicating more than the "need-to-know" bare facts
- Talking about your war zone experiences at a time and pace that feels right to you
- Not drinking to excess, or when you're feeling depressed or to avoid disturbing memories. Drink responsibly, or don't drink
- Creating realistic workloads for home, school, and work





Steps to Assuming Normal Routines

Soon after your return, plan to have an open and honest discussion with your family about responsibilities. You all need to decide how they should be split up now that you're home. It's usually best to take on a few tasks at first and then more as you grow accustomed to being home. Be willing to compromise so that both you and your family members feel your needs are understood and respected.

Try to re-establish a normal sleep routine as quickly as possible. Go to bed and get up at the same time every day. Do not drink to help yourself sleep. You might try learning some relaxation techniques, such as deep breathing, yoga, or meditation.

Steps to Controlling Anger

Recognize and try to control your angry feelings. Returning service members don't always realize how angry they are. In fact, you may only recognize your emotion when someone close to you points it out. You can help control your anger by:

- Counting to 10 or 20 before reacting
- Figuring out the cues or situations that trigger your anger so you can be better prepared
- Learning relaxation techniques (breathing, yoga, meditation)
- Learning ways to deal with irritation and frustration and how not to be provoked into aggressive behavior

- Walking away
- Thinking about the ultimate consequences of your responses
- Writing things down
- Learn tips to controlling anger

Important Points to Remember

- Readjusting to civilian life takes time — don't worry that you're experiencing some challenges. Find solutions to these problems. Don't avoid.
- Take your time adding responsibilities and activities back into your life.
- Reconnect with your social supports. This may be the last thing you feel like doing, but do it anyway. Social support is critical to successful reintegration.
- Review BATTLEMIND to understand where some of your automatic behaviors come from.
- Remind your loved ones that you love them.
- Realize that you need to talk about the experiences you had during deployment. If you can't talk to family or friends, be sure to talk to a chaplain or counselor.

MORE INFORMATION...

Red Flags

You now know the reactions that are normal following deployment to war. But sometimes the behaviors that kept you alive in the war zone get on the wrong track. You may not be able to shut them down after you've returned home safely.

Some problems may need outside assistance to solve.

Even serious post-deployment psychological problems can be treated successfully and cured.

Being able to admit you have a problem can be tough:

- You might think you should cope on your own.
- You think others can't help you.
- You believe the problem(s) will go away on their own.
- You are embarrassed to talk to someone about it.

Confront Mental Health "Stigma"

Mental health problems are *not* a sign of weakness. The reality is that injuries, including psychological injuries, affect the strong and the brave just like everyone else. Some of the most successful officers and enlisted personnel have experienced these problems.

But stigma about mental health issues can be a huge barrier for people who need help. Finding the solution to your problem is a sign of strength and maturity. Getting assistance from others is sometimes the *only* way to solve something. For example, if you cannot scale a wall on your own and need a comrade to do so, you use them! Knowing when and how to get help is actually part of military training.

RAY joined the Army soon after 9/11, proud to serve his country, and wanting to make a difference, like his Dad had in Vietnam. But after he returned home his hair grew long, he lost touch with his old friends and family and stayed at home watching television most of the day. He finally came to the VA near his home with stomach problems. He did not know why he was referred to a psychologist. He was told about a study for returning veterans with a new psychological treatment that would require him to talk about what had happened to him in Iraq. He knew the "real" story would never come out but he liked the kind therapist and decided to try.

After several sessions, he told the therapist his story. He was working at a tent set up to show movies, helping out with the snacks and the cleaning. After a movie ended, he took the trash out behind the tent and all of a sudden felt a knife near his side and someone told him to do what he was told or he would be killed. Rather than being involved in a heroic fight, he was sexually assaulted downrange. He told his Sergeant his story but was told that it was better to keep this sort of thing quiet. He was so ashamed and kept thinking how mortified his Dad would be if he heard it.

He cried the entire session as he told this story of his trauma. But somehow it got easier with time. After a few more sessions he was even able to challenge his thoughts about it. Then one day Ray walked in to his appointment with a haircut and a new pair of jeans. He told his therapist that he would never be able to forget what had happened to him but he thought that he could live with it. He now believed that he could get better. ■

[MORE INFORMATION...](#)

Red Flags

If your reactions are causing significant distress or interfering with how you function, you will need outside assistance. Things to watch for include:

- Relationship troubles – frequent and intense conflicts, poor communication, inability to meet responsibilities
- Work, school, or other community functioning – frequent absences, conflicts, inability to meet deadlines or concentrate, poor performance
- Thoughts of hurting someone, or yourself

If you get assistance early, you can prevent more serious problems from developing. If you delay seeking help because of avoidance or stigma, your problems may actually cause you to lose your job, your relationships, and your happiness. **Mental and emotional problems can be managed or treated, and early detection is essential.**

Many of the common reactions to experience in a war zone are also symptoms of more serious problems such as PTSD. In PTSD, however, they're much more intense and troubling, and they don't go away. If these symptoms don't decrease over a few months, or if they continue to cause significant problems in your daily life, it's time to seek treatment from a professional.



PTSD Screening Test

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

Current research recommends that if you answered “yes” to any three items you should seek more information from a mental health care provider. *A positive screen does not mean that you have PTSD. Only a qualified mental health-care practitioner, such as a clinician or psychologist, can diagnose you with PTSD.*

[MORE INFORMATION...](#)

PTSD (Posttraumatic Stress Disorder)

PTSD can occur after you have been through a traumatic event. Professionals do not know why it occurs in some and not others. But we do know PTSD is treatable.

Symptoms of PTSD

Re-experiencing

Bad memories of a traumatic event can come back at any time. You may feel the same terror and horror you did when the event took place. Sometimes there's a trigger: a sound, sight, or smell that causes you to relive the event.

Avoidance and Numbing

People with PTSD often go to great lengths to avoid things that might remind them of the traumatic event they endured. They also may shut themselves off emotionally in order to protect themselves from feeling pain and fear.

Hypervigilance or Increased Arousal

Those suffering from PTSD may operate on "high-alert" at all times, often have very short fuses, and startle easily.

How likely are you to get PTSD?

It depends on many factors, such as:

- How severe the trauma was
- If you were injured
- The intensity of your reaction to the trauma
- Whether someone you were close to died or was injured
- How much your own life was in danger
- How much you felt you could not control things
- How much help and support you got following the event

Steps to solving the problem and getting help

PTSD is a treatable condition. If you think you have PTSD, or just some of its reactions or symptoms (such as nightmares or racing thoughts), it's important to let your doctor or even a chaplain know. These people can help you set up other appointments as needed.

There are several steps to addressing PTSD:

- **Assessment:** Having a professional evaluate you with a full interview
- Educating yourself and your family about PTSD, its symptoms, and how it can affect your life
- Some antidepressants can relieve symptoms of PTSD. These medications do not treat the underlying cause, yet do provide some symptom relief.
- Cognitive behavioral therapy (CBT) generally seeks to balance your thinking and help you express and cope with your emotions about the traumatic experience.

There are different types of therapy but in most you will learn:

- How the problem affects you and others
- Goal setting about ways to improve your life
- New coping skills
- How to accept your thoughts and feelings, and strategies to deal with them

We encourage you to meet with several therapists before choosing one. Finding a therapist involves learning:

- What kinds of treatment each therapist offers
- What you can expect from the treatment and the therapist
- What the therapist expects of you

Effects of PTSD on the Family

- Trauma and PTSD can lead to low satisfaction with family relationships.
- Veterans with PTSD are more likely to be violent with partners and children.
- Family functioning also influences the person with PTSD. It is a two way street.

How common is PTSD in OEF/OIF military personnel?

About 7% of U.S. civilians have PTSD in their lifetime. According to research following the early years of the current conflicts in Afghanistan and Iraq, 11-20% of veterans developed PTSD.

Other Treatable Mental Health Problems

PTSD is not the only serious problem that can occur after deployment. Watch out for signs of these other conditions in yourself and your comrades.

Depression: We all experience sadness or feel down from time to time. That's a normal part of being human. Depression, however, is different. It lasts longer and is more serious than normal sadness or grief. Common symptoms include:

- Feeling down or sad more days than not
- Losing interest in hobbies or activities that you used to find enjoyable or fun
- Being excessively low in energy and/or overly tired
- Feeling that things are never going to get better

Suicidal Thoughts and Suicide: War experiences and war zone stress reactions, especially those caused by personal loss, can lead a depressed person to think about hurting or killing him- or herself. If you or someone you know is feeling this way, take it seriously, and get help. Suicide Hotline: 1-800-273-TALK (8255) and press 1 for veterans.

Violence and Abuse: Anger can sometimes turn into violence or physical abuse. It can also result in emotional and/or verbal abuse that can damage relationships. Abuse can take the form of threats, swearing, criticism, throwing things, conflict, pushing, grabbing, and hitting. If you were abused as a child, you are more at risk for abusing your partner or family members.

Here are a few warning signs that may lead to domestic violence:

- Controlling behaviors or jealousy
- Blaming others for problems or conflict
- Radical mood changes
- Verbal abuse such as humiliating, manipulating, confusing
- Self-destructive or overly risky actions; heated arguments

How Many OEF/OIF Veterans Have Received Help for Mental Health Problems?

- 37% of all veterans have sought services at VA
- Top 2 reasons: Muscle and Joint Pain and Mental Health
- Of the 40.1% who have sought mental health care:
 - 49.8%: PTSD problems
 - 30%: depression

(VA data as of 04/2008)

Substance Abuse: It's common for troops to "self-medicate." They drink or abuse drugs to numb out the difficult thoughts, feelings, and memories related to war zone experiences. While alcohol or drugs may seem to offer a quick solution, they actually lead to more problems. At the same time, a vast majority of people in our society drink. Sometimes it can be difficult to know if your drinking is actually a problem. Warning signs of an alcohol problem include:

- Frequent excessive drinking
- Having thoughts that you should cut down
- Feeling guilty or bad about your drinking
- Others becoming annoyed with you or criticizing how much you drink
- Drinking in the morning to calm your nerves
- Problems with work, family, school, or other regular activities caused by drinking

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Concussions or Mild Traumatic Brain Injury (mTBI):

Explosions that produce dangerous blast waves of high pressure rattle your brain inside your skull and can cause mTBI. Helmets cannot protect against this type of impact. In fact, 60 to 80 percent of service members who have injuries from some form of blast may have TBI.

Symptoms associated with mild TBI (or concussion) can parallel those of PTSD but also include:

- Headaches or dizziness
- Vision problems

- Emotional problems, such as impatience or impulsiveness
- Trouble concentrating, making decisions, or thinking logically
- Trouble remembering things, amnesia
- Lower tolerance for lights and noise

Know that PTSD is often associated with these other conditions. However, there are effective treatments for all of these problems.

JIM *wasn't one of the young guys. He was a 45-year-old chaplain who was two years away from retirement from the Army. He had spent a year in Iraq and had performed more memorial services than he could count. He had not been exposed to a blast, had not been shot at, and had not been wounded. He was supposed to help people.*

Others depended upon him for support. But he realized that the drink he always had when he got home from the office had turned into two and then in the evenings he would have a couple more to sleep. His wife was nagging him and he had ruined their last vacation with his drinking. But he didn't know what to do. He couldn't go to his commander and tell him that he, a chaplain, was experiencing problems from his deployment. He needed his final promotion for his retirement and he thought that admitting to his problems would kill that chance. If he could just pull himself out of this, he thought he would be OK.

But finally one of his colleagues at the chapel asked to talk to him as he had noticed some problems at work. That was all it took to finally get Jim to go talk to a counselor. With assistance he was able to stop drinking completely. He lost the weight he had gained after returning home. His wife loved what she saw. To his surprise, his commander talked to him about his own symptoms he had experienced and shared his stories. Jim made the promotion list and realized that the best thing he ever did was to make that phone call and ask for support. ■

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Where Can I Find Assistance?

VA Services:

The U.S. Department of Veterans Affairs

VA is the largest healthcare system in the U.S., with facilities located in every state. We urge you to complete VA Form 10-10EZ to sign up, even if you think you'll never use these services!

Healthcare: 877-222 VETS (8387)

Benefits: 800-827-1000

Web site: www.va.gov

VA Medical Centers

The VA services veterans, including the Guard and Reservists. Veterans can receive free services for military-related problems for the first five years following deployment, and co-pay based on eligibility after that. The VA has many community-based outpatient clinics (CBOCs) located in the community in addition to their medical centers. [Find a facility near you.](#) Each medical center has:

- An OEF/OIF Program Manager to help all recent returnees

- Health and Mental Health Services
- [Women Veterans Program Manager](#)
- Social Work Services
- VA chaplain

Vet Centers

Readjustment Counseling Service

Toll-free: 800-905-4675

Assist veterans and their families to making a successful postwar adjustment, offering:

- Readjustment counseling (including PTSD treatment)
- Marriage and family, benefits, bereavement, alcohol and drug counseling
- Job services and help obtaining services at the VA and community agencies

There are no co-payments or charges for Vet Center services, and services are completely confidential.

Web site: www.va.gov/rcs

continued



Other Resources:

Military OneSource

(user id: military; password: onesource)

This resource helps military members, veterans, and families deal with life issues 24/7. Service members and family members can call in and speak to a master's level consultant who can answer almost any question, no matter how big or small.

Toll-free (in the US): 800-342-9647

Toll-free (outside the US): (country access code) 800-342-9647 (dial all 11 numbers)

International toll free: 800-464-8107.

Web site: www.militaryonesource.com/

Veterans Service Organizations (VSOs)

VSOs can help you to complete necessary paperwork and to navigate the VA system. They include organizations such as the American Legion, the VFW, AMVETS, Disabled American Veterans (DAV), and more.

Directory of Veterans Service Organizations

Web site: www1.va.gov/vso/index.cfm?template=view

State Resources:

All states have a variety of programs and resources for veterans and their families. Most states have an **information and referral line** such as dialing 2-1-1 (visit 211.org to see what your state offers).

Or call your local:

- Agency or Department of Health and or Human Services
- State's Office of Veterans Affairs (NASDVA)
- Veteran representatives in the offices of legislative officials

Employer Support of the Guard and Reserves (ESGR)

Provides assistance with issues between service members and employers.

Toll-free (in the US): 800-336-4590

Web site: www.esgr.org

Veterans Transition Assistance Representative

A collaboration of DoD, VA and the Dept. of Labor, to help with transition from military to civilian life.

Web site: www.transitionassistanceprogram.com/register.tpp

Chaplains and other Religious Leaders

Every VA Medical Center and military establishment has a chaplain on staff that can provide you assistance. All information exchanges with a chaplain are confidential.

Local Family Assistance Centers

The National Guard Bureau provides family assistance in every state for all military family members, no matter the branch of service. Visit [this page](#) and click on your state to find locations near you, or call 703-607-5414.

Web site: www.guardfamily.org/Public/Application/ResourceFinderSearch.aspx

Employment and Financial Services

- [U.S. Department of Labor](#)
- [Vet Success](#)
- [Deployment Support Resources](#)

Closing Thoughts

- **You are not alone.** The most recent national study of adults found that 46 percent of people in the U.S. have had a mental health diagnosis during their lifetime. Military members were included in this survey.
- **You can feel better.** The conditions discussed above are treatable.
- **It's a sign of health and maturity** to admit you are having reintegration difficulties and to ask for help.

For More Information:

- **Homecoming After Deployment: Dealing with Changes and Expectations**
www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/homecoming.html
- **Coping With Traumatic Stress Reactions**
www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_coping_stress.html
- **Homecoming After Deployment: Tips for Reunion (PDF)**
www.ncptsd.va.gov/ncmain/ncdocs/handouts/iraq_clinician_guide_app_j10.pdf
- **An Overview of the Mental Health Effects of Serving in Afghanistan and Iraq**
www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/overview_mental_health_effects.html
- **War-Zone-Related Stress Reactions: What Veterans Need to Know**
http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/war_veteran.html



This Guide was created by the VA National Center for PTSD

The Center conducts research and education on trauma and PTSD. Their Web site offers extensive information on coping, educational materials, and more for a variety of audiences, including veterans and their families, providers, researchers, and others.

Web site: www.ncptsd.va.gov